

21115

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *208

Place of Birth Elote Ariz County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* <u>female</u>	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* <u>Dec.</u> <u>26</u> <u>1924</u>	(Month)	(Day)	(Year)
FULL NAME <u>Amado Mendoza</u>	FATHER		
FULL MAIDEN NAME <u>Trinidad a Garcia</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Elodia Juana Mendoza
(Give name in full) (Surname)

Alex Umoto
(Parent's Signature)

Trinidad G Chacon
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M-8-42-Bower Co.

541-1226-371